

The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

Title	Description	Refer to Policy Clause Number
Product Name	MediSenior	
What am I covered for:	<ul style="list-style-type: none"> a. In-patient Treatment - Covers hospitalisation expenses in a shared accommodation for period more than 24 hrs. b. Pre-Hospitalisation - Medical expenses incurred in 30 days before the hospitalisation. c. Post-Hospitalisation - Medical expenses incurred in 60 days after the hospitalisation. d. Day-Care procedures - Medical expenses for enlisted 140 day care procedures. e. Domiciliary Treatment - Medical expenses incurred for availing medical treatment at home which would otherwise have required hospitalisation. f. Organ Donor - Medical expenses on harvesting the organ from the donor for organ transplantation. g. Emergency Ambulance - Actual expenses incurred or Rs. 2,000 whichever is lower per hospitalisation for utilizing ambulance service for transporting insured person to hospital in case of an emergency. 	<p>Section 1, a) Section 1, b) Section 1, c) Section 1, d) Section 1, e) Section 1, f) Section 1, g)</p>
What are the major exclusions in the policy:	<p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p> <p>War or any act of war, nuclear, chemical and biological weapons, radiation of any kind, breach of law with criminal intent, intentional or attempted suicide, participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, treatment of obesity and any weight control program, Psychiatric, mental disorders, congenital internal or external diseases, defects or anomalies, genetic disorders; sleep apnoea, expenses arising from HIV or AIDs and related diseases, sterility, treatment to effect or to treat infertility, any fertility, sub-fertility, surrogate or vicarious pregnancy, birth control, surgery for nasal septum deviation, circumcisions, laser treatment for correction of eye due to refractive error, plastic surgery or cosmetic surgery unless required due to an Accident, Cancer or Burns, any non allopathic treatment, any non medical expenses</p>	Section 3, C. e.
Waiting Period	<p>We will not pay any claim under the waiting periods for specified benefits except due to an Accident.</p> <ul style="list-style-type: none"> ● 30 days waiting period in the first year and is not applicable in subsequent renewals. ● 24 month waiting period for specific illness/ surgeries in the first two years and is not applicable in subsequent renewals. ● Pre-existing conditions will be covered after a waiting period of 48 month. 	<p>Section 3, C b. Section 3, C c. Section 3, C d.</p>
Payout basis	Reimbursement of covered expenses up to specified limit.	Section 1
Cost Sharing	<ul style="list-style-type: none"> a) <u>Co-Payment applicable on accommodation type</u> <ul style="list-style-type: none"> ● Shared Accommodation or any lower accommodation type - 15% ● Single occupancy or any higher accommodation type- 30% <p>A Co-payment of 15% shall be applicable to all Day Care Procedures; no additional copay's shall apply except illness and / or surgeries mentioned under section b below.</p> b) <u>Co-Payment applicable on specified Illnesses/surgeries</u> <ul style="list-style-type: none"> ● If a claim has been admitted under Section I in respect of any of the specified illnesses/Surgeries then a co pay of 30% would apply and claim payment, if any, shall only be in excess of that sum. 	<p>Section 3, A Section 3, B</p>

Title	Description	Refer To Policy Clause Number
	<p>S. No Illnesses/Surgeries</p> <ol style="list-style-type: none"> i. Cataract (each eye) ii. Hysterectomy iii. Cholecystectomy iv. Transurethral resection of the prostate (TURP)/ Benign prostate surgery v. Surgery of Hernia vi. Angiography (CT Angiogram excluded) vii. Arthroscopy viii. PID-Discectomy ix. Mastectomy x. Joint Replacement xi. PTCA (Angioplasty) xii. Hydrocele xiii. Major Organ Transplant xiv. CABG <p>However, - If we accept a claim for above mentioned specified illnesses /surgeries then no additional Copayment shall be applicable under above section a) for the same claim.</p>	
Renewal Conditions	<ul style="list-style-type: none"> ● Policy is ordinarily life-long renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realization of premium. ● The renewal premium for this policy will not change unless We have revised the premium and obtained due approval from IRDA. Your premium will also change if you move into a higher age group, opt for a higher sum insured, change the term or change the plan. ● Grace period of 30 days for renewing the policy is provided. To avoid any confusion any claim incurred during break-in period will not be payable under this policy. 	Section 4 q.
Renewal Benefits	No Claim Discount - A 5% non cumulative discount will be offered on the renewal premium payable under the Policy after every CLAIM FREE Policy Year, provided that the Policy is renewed with Us and without a break.	Section 2
Free Look Period	You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.	Section 4 x.
Cancellation	This policy would be cancelled on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person, upon giving 30 days notice. No refund of premium will be allowed if policy is cancelled on the grounds of misrepresentation, fraud, or non-disclosure of material facts. In case policy is cancelled by us on the grounds of non-cooperation or you cancel the policy by giving 30 days notice then you will be refunded balance premium after retaining premium for the period policy was in force on short period rate basis. No refund of premium will be allowed if claim has been made on the policy.	Section 4 v
How to Claim	In case of any hospitalization or an event which might give rise to a claim, please contact Our designated TPA at 1800-425-4033 & 040- 23552899 (for Senior Citizens).	Section 4 e), f), g),h) & Section 6.

Note: Note: Pre-Policy Check-up at our network is compulsory under this Policy. We will reimburse 50% of the expenses incurred on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Check-up.

Tata AIG General Insurance Company Limited

Registered office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai - 400 013.

IRDA Registration Number: 108, CIN: U85110MH2000PLC128425 Toll Free Helpline No. 1800 266 7780 • Visit us at www.tataaiginsurance.in